

AO 435 AZ Form (Rev. 1/2015)		Administrative Office of the United States Courts TRANSCRIPT ORDER		FOR COURT USE ONLY DUE DATE:	
1. NAME Yroko Drevon		2. PHONE NUMBER 415-433-3900		3. DATE 03/16/2018	
4. FIRM NAME ONGARO PC					
5. MAILING ADDRESS 50 California Street, Suite 3325		6. CITY San Francisco		7. STATE CA	8. ZIP CODE 94111
9. CASE NUMBER 2:15-md-02641-DGC		10. JUDGE Campbell		DATES OF PROCEEDINGS	
				11. 03/16/2018	12. 03/20/2018
13. CASE NAME In Re Bard IVC Filter Product Litigation		LOCATION OF PROCEEDINGS			
		14. 03/22/2018		15. STATE Arizona	
16. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input checked="" type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> OTHER (Specify)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input checked="" type="checkbox"/> TESTIMONY (Specify)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)				03/16/2018; 03/20/2018	
<input type="checkbox"/> OPENING STATEMENT (Defendant)				All trial testimony for dates	
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				03/22/2018	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)				indicated	
<input type="checkbox"/> OPINION OF COURT				<input type="checkbox"/> PRE-TRIAL PROCEEDING	
<input type="checkbox"/> JURY INSTRUCTIONS					
<input type="checkbox"/> SENTENCING				<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> BAIL HEARING					
18. ORDER Trial Transcripts for dates 03/16/18; 03/20/18; 03/22/18					
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)	ESTIMATED COSTS
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY	
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> PDF (e-mail)	
7 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> ASCII (e-mail)	
DAILY	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS ydrevon@ongaropc.com; gturner@ongaropc.com	
19. SIGNATURE /s/ Yroko M. Drevon				NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.	
20. DATE 03/16/2018					
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL	
ORDER RECEIVED		DATE	BY	PROCESSED BY	
DEPOSIT PAID				PHONE NUMBER	
TRANSCRIPT ORDERED				DEPOSIT PAID	
TRANSCRIPT RECEIVED				TOTAL CHARGES	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				LESS DEPOSIT	
PARTY RECEIVED TRANSCRIPT				TOTAL REFUNDED	
				TOTAL DUE	

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